

SECRETARY OF THE SENATE

10 OCT 15 AM 10:25

# FEC FORM 3L

## REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
 Montanans for Tester

ADDRESS (number and street) PO Box 1135  
☐ Check if different than previously reported. (ACC)  
 Helena MT 59624  
 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C00412304  
 3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)  
 4. STATE DISTRICT MT

### 5. TYPE OF REPORT (Choose One)

#### (a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report  
☒ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE) and/or Semi-annual Report  
☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Run off (12R)  
☐ Special (12S) ☐ Convention (12C)  
 Election on in the State of This report also covers the semi-annual period ☐ See Line 6(b)

(c) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)  
 Election on in the State of This report also covers the semi-annual period ☐ See Line 6(b)

6. Covering Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period  
 07 01 2010 through 09 30 2010 and/or January 1 - June 30 July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period  
 25800.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Judith G. Zamore

Signature of Treasurer *Judith G. Zamore* Date 10 15 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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